

# NOTICE OF INTENT – GENERAL PERMIT NUMBER ALG120000

(ADEM Form 381 \_\_\_\_)

DISCHARGES ASSOCIATED WITH PRIMARY METALS, METAL FINISHING, FABRICATED METAL PRODUCTS, INDUSTRIAL COMMERCIAL MACHINERY, ELECTRONIC EQUIPMENT, TRANSPORTATION EQUIPMENT (NOT INCLUDING SHIP AND BOAT BUILDING AND REPAIR), AND MEASURING AND ANALYZING INSTRUMENTS CONSISTING OF STORM WATER, HYDROSTATIC TEST WATER FROM NEW CONTAINERS, NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, BOILER BLOWDOWN, DEMINERALIZER WASTEWATER, VEHICLE AND EQUIPMENT WASH WATER, AND STORM WATER FROM PETROLEUM STORAGE AND HANDLING AND EQUIPMENT STORAGE AND MAINTENANCE AREAS.

Mail to: Alabama Department of Environmental Management  
Industrial General Permit Section  
Industrial/Municipal Branch  
Water Division  
Post Office Box 301463  
Montgomery, Alabama 36130-1463

## FOR OFFICE USE ONLY

NPDES PERMIT NUMBER \_\_\_\_\_

FACILITY NUMBER \_\_\_\_\_

ANSWER ALL QUESTIONS IN APPLICABLE SECTIONS. PLEASE MARK THE “**NOT APPLICABLE**” BOX IF A SECTION IS NOT APPLICABLE. INCOMPLETE OR WRONG ANSWERS COULD RESULT IN MORE STRINGENT PERMIT REQUIREMENTS. IF SPACE IS INSUFFICIENT TO ADDRESS ANY ITEM BELOW PLEASE CONTINUE ANSWER ON AN ATTACHED SHEET OF PAPER.

### FACILITY IDENTIFICATION INFORMATION

A. Name of Facility to be shown on Permit: \_\_\_\_\_

Name of permittee if different from above: \_\_\_\_\_

B. Mailing Address of Facility: – PO Box or Street Route \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

C. Location (STREET ADDRESS) of Facility: \_\_\_\_\_

City, County: \_\_\_\_\_

D. Provide the latitudinal and longitudinal coordinates of the facility location. (Front Gate):

Latitude (\_\_\_\_)°(\_\_\_\_)′(\_\_\_\_)″ N Longitude (\_\_\_\_)°(\_\_\_\_)′(\_\_\_\_)″ W

E. Facility Contact Person and Title: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

F. Standard Industrial Code (SIC) (Names and Codes): \_\_\_\_\_

G. Description of industrial activity and land use at the facility: \_\_\_\_\_

H. Check the type discharges at your facility and complete applicable sections associated with the type circled:

- [ ] Storm water from primary metals, metal fabrication, etc
- [ ] Storm water from equipment parking and maintenance areas
- [ ] Storm water associated with foundries and foundry sand
- [ ] Noncontact cooling water, boiler blowdown, condensate
- [ ] Storm water from petroleum handling operations
- [ ] Exterior vehicle and equipment wash water
- [ ] Hydrostatic test waters

I. Please indicate which, if any, of the discharges in H. are combined.

J. Has the facility ever been issued an NPDES Permit? Yes ☐ No ☐

Please provide the permit number and facility name at time of permitting.

Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

K. Has the facility been issued an NPDES **INDIVIDUAL** permit?

Yes ☐ No ☐ NPDES Permit No. AL00 \_\_\_\_\_

Do you intend to replace your individual permit with this General Permit? Yes ☐ No ☐

L. Has the facility been issued a State Indirect Discharge (SID) Permit?

Yes ☐ No ☐ SID Permit No. IU \_\_\_\_\_

M. Is this Notice of Intent for (circle one):

1. First time issuance of a **GENERAL** Permit

2. Renewal of **GENERAL** Permit No. ALG \_\_\_\_\_

3. Modification of **GENERAL** Permit No. ALG \_\_\_\_\_

N. Are any of the discharges that you intend to be covered by this permit going to municipal storm?

Yes ☐ No ☐

O. Name of surface water to which the municipal storm sewer discharges: \_\_\_\_\_

P. Have you notified the municipality by letter as required by 40 CFR 122.26(a)(4)? Yes ☐ No ☐

Q. Date facility started or will start operations: \_\_\_\_\_

R. What is the size of the site in acres? \_\_\_\_\_

S. Do you discharge to any waters of the State that are impaired (303(d) or TMDL)? Yes ☐ No ☐

(A list of the impaired waters can be found at <http://www.adem.state.al.us/programs/water/303d.cnt> for 303(d) listed waters and <http://www.adem.state.al.us/programs/water/wquality/2011ApprovedTMDLs.zip> for waters subject to a TMDL.)

If yes, do your discharges contain pollutants of concern listed for the impaired water(s)? Yes ☐ No ☐

If yes, then enhanced BMPs are required. Also, an Individual NPDES Permit may be required, so please contact the Industrial/Municipal Branch of ADEM before proceeding.

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**DSN001 – STORM WATER DISCHARGE FROM PRIMARY METALS**

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**NOT APPLICABLE** ☐

A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [ ] No [ ]  
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff discharges to:
1. Surface water
  2. Seeps into the ground
  3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [ ] No [ ]
- E. Does the facility have any of the following other control measures to prevent pollution?
1. Structural control measures (basins, etc.) Yes [ ] No [ ]
  2. Treatment of groundwater (retention, aeration) Yes [ ] No [ ]
  3. Other. If so, please describe. \_\_\_\_\_
- F. Are there any known impacts on receiving water? Yes [ ] No [ ] If yes, to what extent?  
\_\_\_\_\_
- G. Were there any past industrial activities on the site that would contribute to storm water contamination?  
Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [ ] No [ ]  
If yes, please list: \_\_\_\_\_
- I. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?  
Yes [ ] No [ ] Please circle:
1. 40 CFR 413 – Electroplating
  2. 40 CFR 433 – Metal Finishing
  3. 40 CFR 464 – Metal Molding and Casting
  4. 40 CFR 465 – Coil Coating
  5. 40 CFR 467 – Aluminum Forming Point Source
  6. 40 CFR 468 – Copper Forming
  7. 40 CFR 469 – Electrical & Electrical Components

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**DSN002– STORM WATER FROM EQUIPMENT PARKING AND MAINTENANCE AREAS**

**NOT APPLICABLE [ ]**

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:
1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_
  2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_
  3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W  
Receiving Stream \_\_\_\_\_

- B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [    ] No [    ]  
If yes, attach the most recent copy of the analysis.
- C. Storm water runoff discharges to:
1. Surface water
  2. Seeps into the ground
  3. Municipal storm sewer
- D. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [    ] No [    ]
- E. Does the facility have any of the following other control measures to prevent pollution?
1. Structural control measures (basins, etc.) Yes [    ] No [    ]
  2. Treatment of groundwater (retention, aeration) Yes [    ] No [    ]
  3. Other. If so, please describe. \_\_\_\_\_
- F. Known impacts on receiving water? Yes [    ] No [    ] If yes, to what extent?  
\_\_\_\_\_
- G. Were there any past industrial activities on site that would contribute to storm water contamination? Yes [    ] No [    ]  
If yes, please explain: \_\_\_\_\_
- H. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [    ] No [    ]  
If yes, please list: \_\_\_\_\_

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**DSN003 AND DSN008 – STORM WATER FROM PETROLEUM BULK STORAGE AND FUELING AREAS**

**NOT APPLICABLE [    ]**

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:

1. Latitude (    ) ° (    ) ' (    ) " N      Longitude (    ) ° (    ) ' (    ) " W  
Receiving Stream \_\_\_\_\_

2. Latitude (    ) ° (    ) ' (    ) " N      Longitude (    ) ° (    ) ' (    ) " W  
Receiving Stream \_\_\_\_\_

3. Latitude (    ) ° (    ) ' (    ) " N      Longitude (    ) ° (    ) ' (    ) " W  
Receiving Stream \_\_\_\_\_

4. Latitude (    ) ° (    ) ' (    ) " N      Longitude (    ) ° (    ) ' (    ) " W  
Receiving Stream \_\_\_\_\_

Number      Size

- B. List number and size of above ground storage tanks.

List number and size of underground storage tanks.

- C. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [    ] No [    ]  
If yes, attach the most recent copy of the analysis.
- D. Storm water runoff discharges to (circle one):  
 1. Surface water  
 2. Seeps into ground  
 3. Municipal storm sewer
- E. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [    ] No [    ]
- F. Does the facility have any of the following other control measures to prevent pollution? Yes [    ] No [    ]
1. Structural control measures (basins, etc.) Yes [    ] No [    ]  
 2. Treatment of groundwater (retention, aeration) Yes [    ] No [    ]  
 3. Other. If so, please describe. \_\_\_\_\_  
 \_\_\_\_\_
- G. Known impact on receiving water? Yes [    ] No [    ] If yes, to what extent?  
 \_\_\_\_\_
- H. Have any leaks, spills or other instances of storm water contamination occurred within the last 3 years?  
 Yes [    ] No [    ] If yes, what occurred and how did it happen?  
 \_\_\_\_\_
- I. Are any above ground tanks that contain a possible pollutant double walled? Yes [    ] No [    ]
- J. Are all above ground tanks that contain a possible pollutant double walled? Yes [    ] No [    ]
- K. Are any above ground tanks that contain a possible pollutant diked? Yes [    ] No [    ]
- L. Are all above ground tanks that contain a possible pollutant diked? Yes [    ] No [    ]
- M. Can dikes contain 110% of the contents of the largest tank in the dike? Yes [    ] No [    ]
- N. Are the walls and floors of the dikes relatively impermeable to the stored substance? Yes [    ] No [    ]
- O. From which outfalls in A. (this section) is uncontaminated storm water from secondary containment (for above ground storage tanks only) areas discharged? \_\_\_\_\_
- P. Is treated or untreated water from tank bottoms or water draws discharged on site? Yes [    ] No [    ] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial branch of ADEM before proceeding.
- Q. Were there any past industrial activities on the site that would contribute to storm water contamination?  
 Yes [    ] No [    ] If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- R. Does the facility handle leaded fuels? Yes [    ] No [    ]
- S. Does the facility handle aviation fuel, jet fuel, or diesel fuel? Yes [    ] No [    ]
- T. Is hydrostatic testing of petroleum handling equipment done on site? Yes [    ] No [    ] If yes, this particular discharge cannot be covered under this permit. Please contact the Industrial Section of ADEM before proceeding.
- U. Are any trucks or equipment fueled at this facility? Yes [    ] No [    ] Is your fueling area protected from storm water including flowing water? Yes [    ] No [    ] If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- V. Is storm water/wash down water from the fueling/loading area treated (oil/water separator, etc.) prior to discharge?  
 Yes [    ] No [    ]

W. Does the facility comply with 40 CFR Part 112? Yes ☐ No ☐  
Last update of SPCC Plan, if applicable \_\_\_\_\_

In accordance with 40 CFR Section 112.5 (b), applicable facilities must complete a review and evaluation of the SPCC Plan **at least once every five years**. If the provided date indicates the SPCC Plan is not valid, is the SPCC Plan currently being reviewed by a Professional Registered Engineer. Yes ☐ No ☐

If an SPCC Plan date was not entered, is it because the facility's petroleum storage capacity is below the volume that would require an SPCC Plan? Yes ☐ No ☐

X. Is storm water from fueling areas allowed to mix with storm water from other industrial activities? Yes ☐ No ☐

Y. Does any discharge or runoff from the facility reach a public water supply stream segment as defined by ADEM Administrative Code R. 335-6-11-.02? ☐ Yes ☐ No

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**DSN004 – DISCHARGES ASSOCIATED WITH NON-CONTACT COOLING WATER, COOLING TOWER BLOWDOWN, UNCONTAMINATED CONDENSATE, BOILER BLOWDOWN, AND DEMINERALIZER WASTEWATER**

**NOT APPLICABLE** ☐

A. List latitude and longitude (to seconds) of the point where each discharge exits your property, name of receiving stream, and type of discharge (non-contact cooling water, cooling tower blowdown or boiler blowdown, and demineralizer wastewater):

OUTFALLS:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

4. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

5. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

Type of Discharge \_\_\_\_\_

B. If there are more than one of these discharges, can they be sampled separately? Yes ☐ No ☐

C. Is there any process water comingled with the cooling and/or blowdown water? Yes ☐ No ☐

- D. If answer to C. is yes, can they all be sampled separately? Yes [ ] No [ ]
- E. Does surface water intake total 2 million gallons per day or more? Yes [ ] No [ ]
- F. If answer to E. is yes, is 25% or more of the water intake used for cooling purposes? Yes [ ] No [ ]
- G. Is the non-contact cooling water and the cooling tower blowdown discharge less than 100,000 gallons per day (GPD)?  
Yes [ ] No [ ]  
If no, please include the estimated gallons per day of discharge: \_\_\_\_\_ GPD
- H. Do you use biocides, corrosion inhibitors or chemical additive in your cooling water or blowdown water?  
Yes [ ] No [ ]  
If yes, please submit a list of the biocide, corrosion inhibitor or chemical additive with this NOI. The applicant must also provide:

(1) name and general composition of biocide or chemical,

(2) 48-hour median tolerance limit data for organisms representative of the biota of the waterway into which the discharge will ultimately reach. For freshwater, the fathead minnow (*pimephales promelas*) and cladoceran ( *Ceriodaphnia dubia*) are the required test organisms. For salt water, the organisms shall be mysid shrimp; and sheepshead minnow or inland silverside.

(3) quantities to be used,

(4) frequencies of use,

(5) proposed discharge concentrations, and

(6) EPA registration of number, if applicable.

\* **BIOCIDES THAT CONTAIN TRIBUTYL TIN, TRIBUTYL TIN OXIDE, ZINC AND/OR CHROMIUM ARE PROHIBITED BY THIS PERMIT**

- I. Is your discharge located in the Tennessee or Cahaba River Basin or on the Tallapoosa River between Thurlow Dam at Tallassee and the junction of the Coosa River and Tallapoosa River? Yes [ ] No [ ]
- J. Is the boiler blowdown discharge less than 5,000 gallons per day (GPD)? Yes [ ] No [ ]  
If no, please include the estimated gallons per day of discharge \_\_\_\_\_ GPD
- K. Is shock chlorination used at the facility? Yes [ ] No [ ]
- L. Is any source water chlorinated? Yes [ ] No [ ] If yes, explain use and list outfall number(s) from A. in this section.

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M. Is demineralizer wastewater discharged? Yes [ ] No [ ]

N. Are there any known impacts on the receiving water as a result of the discharge? Yes [ ] No [ ]  
If yes, to what extent? \_\_\_\_\_

O. Is there a cooling water intake structure (CWIS) associated with this facility? Yes [ ] No [ ]

P. Does the provider of your source water operate a CWIS? Yes [ ] No [ ] If your source water is from a WTP that also supplies drinking water, then the answer is no.

**If the answer to both questions O and P is no, then a Cooling Water Intake Structure Form is not required. If the answer to either or both questions O and P is yes, then a Cooling Water Intake Structure Form must be completed and attached.**

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### **COOLING WATER MONITORING OPTIONS**

- A. Is cooling/blowdown water chlorine free from the time it enters your facility until it is discharged (city water usually contains chlorine)? Yes [ ] No [ ]

#### **IF ANSWER IS YES, DO NOT COMPLETE THIS SECTION**

- B. If answer is no, which outfall(s) listed above under DSN004 are both chlorinated **AND** are over 2,500 feet from point of discharge from the facility to the point of entry into the receiving stream?
- \_\_\_\_\_

If you listed any outfalls in question B. you may avoid monitoring for chlorine at that outfall by:

1. Submitting lab data with the Notice of Intent (NOI) that demonstrates that the chlorine concentration at the point the discharge enters the impacted stream is 0.011 mg/l or less, **AND**
2. Submitting a site drawing showing the distance from the discharge point to the point the effluent enters the impacted stream.

- C. For outfalls listed in B. do you intend to exercise the no monitoring chlorine option? Yes [ ] No [ ]

For which outfall(s)? \_\_\_\_\_

If your answer is yes to question C. you are certifying by signing this form that the conditions are as stated above in this Section (Cooling Water Monitoring Options) and you are certifying that you understand that you are required to notify ADEM if these conditions change during the term of the permit

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### **DSN006 – HYDROSTATIC TEST WATER FROM NEW CONTAINERS**

**NOT APPLICABLE** [ ]

- A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

4. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

- B. Is the process water commingled with storm water prior to discharge? Yes [ ] No [ ]

- C. Has the process water been analyzed for presence of any known pollutants? Yes [ ] No [ ]

- D. What product is being tested and describe testing activities? \_\_\_\_\_
- \_\_\_\_\_



E. Known impact on receiving water? Yes [ ] No [ ] If yes, to what extent?

F. Is chlorine present in the test water? Yes [ ] No [ ]

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**DSN009 – DISCHARGES ASSOCIATED WITH VEHICLE AND EQUIPMENT EXTERIOR WASHING OPERATIONS**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

4. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

B. Is this process water comingled with storm water prior to discharge? Yes [ ] No [ ]

C. Has the process water been analyzed for presence of any known pollutants? Yes [ ] No [ ]  
Attach a copy of analysis.

D. Give detailed description of wash water use, additives, location, ultimate disposal, etc. \_\_\_\_\_

E. Do you wash interior of tank railcars or tank trailers? Yes [ ] No [ ]  
If yes, the facility cannot be covered under this General Permit. Please contact the Industrial Section of ADEM before proceeding.

F. How do you dispose of spent oil, hydraulic fluids and any other potential pollutants that you handle?

G. Does your facility handle diesel equipment or diesel fuel? Yes [ ] No [ ]

H. Does your facility use organic or petroleum based solvents in its washing operations? Yes [ ] No [ ]  
If yes, please contact the Industrial Section of ADEM before proceeding.

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**DSN011 – STORM WATER DISCHARGES ASSOCIATED WITH FOUNDRIES AND FOUNDRY SAND**

**NOT APPLICABLE [ ]**

A. List latitude and longitude (to seconds) of the point where each discharge exits your property and name of receiving stream:

1. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

2. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

3. Latitude ( ) ° ( ) ' ( ) " N Longitude ( ) ° ( ) ' ( ) " W

Receiving Stream \_\_\_\_\_

B. Has storm water runoff from the facility been analyzed for presence of any known pollutants? Yes [ ] No [ ]  
If yes, please attach the most recent copy of the analysis.

C. Storm water runoff discharges to:

1. Surface water
2. Seeps into the ground
3. Municipal storm sewer

D. Are any foundry sands disposed of on site? Yes [ ] No [ ] If yes, list the outfall(s) from A. in this section that contains the storm water. \_\_\_\_\_

E. Have the foundry sands been shown to be non-hazardous as required by ADEM Administrative Code 335-14-2-.03? Yes [ ] No [ ]

F. This permit requires the development and implementation of a Best Management Practice (BMP) Plan. Does the facility have a BMP Plan? Yes [ ] No [ ]

G. Does the facility have any of the following other control measures to prevent pollution? Yes [ ] No [ ]

- |   |                |
|---|----------------|
| 1. Structural control measures (basins, etc.)     | Yes [ ] No [ ] |
| 2. Treatment of groundwater (retention, aeration) | Yes [ ] No [ ] |
| 3. Other. If so, please describe. _____           |                |

H. Known impacts on receiving water? Yes [ ] No [ ] If yes, to what extent?  
\_\_\_\_\_  
\_\_\_\_\_

I. Were there any past industrial activities on the site that would contribute to storm water contamination?

Yes [ ] No [ ] If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

J. Are any raw materials, finished products, waste products or chemicals exposed to storm water currently or in the last three years? Yes [ ] No [ ]

If yes, please list: \_\_\_\_\_

J. Briefly describe the foundry type and its operation.  
\_\_\_\_\_  
\_\_\_\_\_

K. Does your facility have an industrial process that would fall under the Federal Guidelines listed below?

Yes [ ] No [ ] Please circle:

1. 40 CFR 413 – Electroplating
2. 40 CFR 433 – Metal Finishing
3. 40 CFR 464 – Metal Molding and Casting
4. 40 CFR 465 – Coil Coating
5. 40 CFR 467 – Aluminum Forming Point Source
6. 40 CFR 468 – Copper Forming
7. 40 CFR 469 – Electrical & Electrical Components

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**GENERAL INFORMATION**

Have you included a check for the application fee? Yes [     ] No [     ]

**DO NOT SUBMIT APPLICATION AND PERMIT FEE SEPARATELY**

**CERTIFICATION:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine or imprisonment for knowing violations.

**SIGNATURES**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name and Official title (type or print): \_\_\_\_\_

NOTE: This Notice of Intent must be signed by the official representative of the facility who is: the owner, the sole proprietor of a sole proprietorship, a general partner for a partnership, or by a ranking elected official or other duly authorized representative for a unit of government or an executive officer of **at least the level of vice president** for a corporation, having overall responsibility for the operation of the facility. If the Notice of Intent is not signed, or is found to be incomplete, it will be returned.

Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

**DISCHARGE MONITORING REPORTS (DMR) CONTACT – PLEASE COMPLETE**

DMR Contact Name and Official title (type or print): \_\_\_\_\_

DMR Contact Address: \_\_\_\_\_

DMR Contact Phone Number: (     ) \_\_\_\_\_

**PLEASE COMPLETE IF NOI IS PREPARED BY A CONSULTANT OR SOMEONE  
OTHER THAN AN EMPLOYEE OF THE FACILITY**

Name of Individual (type or print): \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

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**Please attach or in the space below draw a map showing the location of the facility including major highways and/or landmarks.**